

of 80 cases definitely with previous lead-poisoning, and has no doubt as to the etiological importance of swallowing lead paint in childhood. He finds that in these cases chronic nephritis begins insidiously in late adolescence, develops into definite cardiovascular-renal disease, and ends fatally from

uræmia about ten years later. He points also to the appalling fact that in all these children with lead-poisoning renal-function tests show that renal insufficiency was already well-established. The moral, then, is obvious.

A.G.N.

THE REPORT OF THE COMMITTEE ON THE COST OF MEDICAL CARE

THE Committee on the Cost of Medical Care has laboured and brought forth a report of extraordinary interest and authority, that marks the culmination of a five-year survey and an intensive study of the organization and cost of medical services.

The regrettable, but not surprising, feature of the report is that it is not unanimous, and that a wide divergence of viewpoint exists between the main body of the Committee representing institutions, social interests, public health, social sciences and the public, and a minority group representing, practically, the American Medical Association. The majority report is signed by seventeen of the twenty-five physicians on the Committee, and by thirty-five of its total membership of forty-eight. Of the group of nine who approve the minority report, eight are physicians.

The Committee was established under the auspices, and with the financial backing to the extent of almost a million dollars, of several of the great educational and eleemosynary institutions of the United States, including the Rockefeller and the Carnegie Foundations and the Julius Rosenwald and Milbank Memorial Funds. The premise on which the Committee carried out its study was that a vast amount of unnecessary sickness exists and thousands of preventable deaths take place, and that, though the medical profession has made enormous advances in knowledge and institutional resources, many people are not getting the service they need because the cost is often beyond their means and in many parts of the country is not available.

It may be assumed that conditions relating to the practice of medicine in Canada are analogous to those prevailing in the United States, and that the facts, figures and conclusions represented by the Committee are

applicable to the Dominion. Canadian physicians should therefore study with particular care the recommendations made, some of which are certain to arouse wide differences of opinion and heated argument among medical men because of their radical character. The recommendations are based on twenty-six reports on fact-finding studies, made by trained investigators, and many contributions by collaborating agencies.

The main features of the majority report are:—

1. That medical services of all kinds, with the exception of those generally recognized as coming within the province of governments or communities, should be furnished largely by organized groups.

2. That all basic public-health services should be available for the entire population according to its needs.

3. That costs should be placed upon a group-payment basis, through the use of insurance or taxation.

The dissenting minority group maintain that "Centuries of progress in the conquest of disease give us confidence that the individual and not the group should remain the unit of practice in medicine."

The *Journal of the American Medical Association* opens a vigorous attack against the group-practice plan, by characterizing it as medical care by "Medical Soviets," and "Incitement to Revolution," and strongly supports the minority recommendations that "The corporate practice of medicine, financed through intermediary agencies, be vigorously and persistently opposed as being economically wasteful, inimical to a continued and high quality of medical care, and an unfair exploitation of the medical profession."

The views of the Committee on providing medical care for indigents are interesting and timely, both majority and minority

reports stressing the responsibility of the public to supply and pay for medical services for this class by distributing the cost over the rest of the community, according to ability to pay.

A dissenting statement is included in the report by a Professor of Law in Yale University, who maintains that, though forward-looking and constructive, it "falls short of an adequate attack on the problem of medical care." He asserts that if medicine is to uphold its high and unselfish traditions of service in an industrial world dominated by business the acquisitive motive must be eliminated from practice by keeping physicians and patients out of business; that compulsory health insurance is the very minimum the Committee should have recommended; and that the venerable principle of medicine, "To each according to his needs, from each according to his ability to pay," should be adapted to meet modern conditions.

The foregoing are a few of the cardinal features of the report. That the recommendations of the majority group will be accepted as of immediate applicability by any considerable number of physicians engaged in private practice is doubtful, but one may not be far astray in predicting that, in the light of present day dissatisfactions and developments, the medicine of the future will increasingly follow the group-payment and service plan suggested. The wide-spread interest manifested by the medical profession and the public in medical organization and economics, as evidenced by a deluge of books, reports and newspaper articles on these subjects, suggests that ground may exist for the criticisms that prevail so widely of the system under which medical services are offered and paid for at the present time, and that a reappraisal of the principles relating thereto might well be undertaken by organized medicine.

The majority report of the Committee on the Cost of Medical Care, endorsed by such a large proportion of its members, including many able and judicially-minded students of social and economic conditions, together with the ever increasing control of medical

service by governments, municipalities and charitable and business organizations, indicates that medicine is slowly but surely losing direction of its economic destiny. The reason is not far to seek. The physician, preoccupied with the burden of practice, has little time to devote to the complicated problems of medical organization and economics. Even in the field of medical licensure and education, over which medicine has statutory control, his representatives have done practically nothing to ensure high standards of specialization and to protect the public from ill-qualified practitioners. Is it surprising, therefore, that, to cite but one example, Compensation Boards are commencing to look not unfavourably upon the selected panel system as an assured method of limiting periods of disability in accidents, through provision of the best medical skill obtainable, or that the report of the Washington Committee recommends important departures from the time-honoured method under which medical care has been supplied in the past?

The failure of the Committee to reach unanimous conclusions may prove a blessing in disguise, as it will result in wide discussion and the consequent clarification of issues that are vital and difficult to solve. One thing, however, seems certain, that, unless medicine meets the challenge of the times, governments, communities, and profit-seeking organizations will obtain the business direction and control of practice, and the will of the self-seeking politician and the social-service visionary will prevail, which will not be "a consummation devoutly to be wish'd." But, even though the recommendations of the Committee may be received with disapproval or active hostility by many physicians, the twenty-six published surveys and studies upon which the report is based should prove to be a mine of information and of great educational value to the medical profession and of material assistance in solving the problems of medical economics and organization that are such a vital issue in the world today.

W. HARVEY SMITH.

THE MEDICAL LIBRARY CENTER
OF NEW YORK
5-17 East 102nd Street
New York, N. Y. 10029